

Fill in this information to identify the case and this filing:

Debtor Name Headway Workforce Solutions, Inc.  
United States Bankruptcy Court for the: Eastern District of North Carolina  
Case number (if known): 25-01682

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/19/2025  
MM / DD / YYYY

X /s/ Brendan Flood  
Signature of individual signing on behalf of debtor

Brendan Flood

Printed name

CEO

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Headway Workforce Solutions, Inc.  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
 (State)  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1:** Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i> .....</p>	\$ <u>0.00</u>
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i> .....</p>	\$ <u>10,351,087.03</u>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i> .....</p>	\$ <u>10,351,087.03</u>

**Part 2:** Summary of Liabilities

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                  Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i> .....</p>	\$ <u>28,148,654.71</u>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....</p>	\$ <u>659,108.45</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....</p>	+\$ <u>7,475,301.83</u>
<p>4. <b>Total liabilities</b> .....                  Lines 2 + 3a + 3b</p>	\$ <u>36,283,064.99</u>

**Fill in this information to identify the case:**Debtor name Headway Workforce Solutions, Inc.United States Bankruptcy Court for the: Eastern District of North Carolina

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Bank of America</u>	<u>Checking</u>	<u>8 8 3 2</u>	\$ <u>Unknown</u>
3.2. <u>See continuation sheet</u>			\$ <u>0.00</u>

**4. Other cash equivalents (Identify all)**

4.1. \_\_\_\_\_ \$ \_\_\_\_\_

4.2. \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total of Part 1**\$ 0.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

7.2. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor Headway Workforce Solutions, Inc. 52 Case number (if known) \_\_\_\_\_  
 Name

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**

11a. 90 days old or less:	<u>8,350,737.82</u>	-	<u>0.00</u>	=	..... →	\$ <u>8,350,737.82</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	<u>54,192.10</u>	-	<u>0.00</u>	=	..... →	\$ <u>54,192.10</u>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 8,404,929.92**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

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**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>23. Total of Part 5</b>				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
_____	\$ _____	_____	\$ _____
<b>29. Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
_____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
_____	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Furniture & Fixtures	\$ _____	_____	\$ 175,554.78
40. <b>Office fixtures</b> See continuation sheet	\$ 0.00	_____	\$ 55,252.57
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Computers/Office Equipment	\$ _____	_____	\$ 215,349.76
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 446,157.11

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

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**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ _____

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

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**Part 9:** Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 10:** Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations Customer Facing Information and Management Systems	\$ _____	_____	1,500,000.00
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ 1,500,000.00



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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Debtor

Headway Workforce Solutions, Inc.

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Name

## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 8,404,929.92	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 446,157.11	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 1,500,000.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. .... 91a.	\$ 10,351,087.03	+ 91b. \$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. .... 10,351,087.03		\$ 10,351,087.03

Debtor 1 Headway Workforce Solutions, Inc.

First Name Middle Name Last Name

Case number (if known)

**Continuation Sheet for Official Form 206 A/B****3) Checking, savings, money market, or financial brokerage accounts**

General description	Type of account	Last 4 digits of account number
Truist Bank	Checking	9734
Balance: 0.00		
Truist Bank	Checking	9742
Balance: 0.00		
Truist Bank	Checking	9726
Balance: 0.00		
Truist Bank	Checking	9759
Balance: 0.00		
Truist Bank	Checking	9767
Balance: 0.00		

**40) Office fixtures**

General description	Net book value	Valuation method	Current value
Telephone - Consulting			12,507.16
Leasehold Improvement - Electrical			42,745.41

**Fill in this information to identify the case:**

Debtor name Headway Workforce Solutions, Inc.  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A*  
**Amount of claim**

Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1** **Creditor's name**  
Jackson Investment Group  
**Creditor's mailing address**  
127 N. Meridian Street  
Lebanon, IN 46052  
**Creditor's email address, if known**  
 \_\_\_\_\_  
**Date debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_  
**Do multiple creditors have an interest in the same property?**  
☒ No  
☐ Yes. Specify each creditor, including this creditor,  
 \_\_\_\_\_

**Describe debtor's property that is subject to a lien**
\$ 11,666,955.43\$ 0.00**Describe the lien****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**2.2** **Creditor's name**  
MidCap Financial Services, LLC  
**Creditor's mailing address**  
7255 Woodmont Avenue  
Suite 300, Bethesda, MD 20814  
**Creditor's email address, if known**  
 \_\_\_\_\_  
**Date debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_  
**Do multiple creditors have an interest in the same property?**  
☒ No  
☐ Yes. Have you already specified the relative priority?  
☐ No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe debtor's property that is subject to a lien**
\$ 16,481,699.28\$ 0.00**Describe the lien****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$ 28,148,654.71

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## Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name  
Noor Staffing Group, LLC

Describe debtor's property that is subject to a lien

## Creditor's mailing address

28 W 44th St 16th floor  
New York, NY 10036

\$Undetermined

\$Undetermined

## Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

## Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

## Is the creditor an insider or related party?

☒ No☐ Yes

## Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☒ Unliquidated☒ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

2. Creditor's name

Describe debtor's property that is subject to a lien

## Creditor's mailing address

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

## Do multiple creditors have an interest in the same property?

☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

## Is the creditor an insider or related party?

☐ No☐ Yes

## Is anyone else liable on this claim?

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Form 206D      Official Part 2 of **Schedule D: Creditors Who Have Claims Secured by Property**      page 3 of 3

Fill in this information to identify the case:

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Debtor Headway Workforce Solutions, Inc.United States Bankruptcy Court for the: Eastern District of North CarolinaCase number \_\_\_\_\_  
(If known)☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address  
 Department of the Treasury - Internal Revenue Service  
 PO Box 7346  
 Philadelphia, PA 19101-7346

Date or dates debt was incurred  
 \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )As of the petition filing date, the claim is: \$ 650,996.87

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 Taxes & Other Government Units

Total claim

Priority amount

\$ 498,019.67

**2.2** Priority creditor's name and mailing address  
 Michigan Department of Treasury  
 Collection/Bankruptcy Unit  
 P.O. Box 30168  
 Lansing, MI 48909

Date or dates debt was incurred  
 \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )As of the petition filing date, the claim is: \$ 830.73

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 Taxes & Other Government Units\$ 830.73\$ 756.37

**2.3** Priority creditor's name and mailing address  
 New York Department of Taxation and Finance  
 Bankruptcy Section  
 P O Box 5300  
 Albany, NY 12205

Date or dates debt was incurred  
 \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )As of the petition filing date, the claim is: \$ 2,789.60

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:  
 Taxes & Other Government Units\$ 2,789.60\$ 1,172.72

## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>4</sup> Priority creditor's name and mailing address

\$4,491.25

\$3,415.32

Ohio Department of Taxation  
Attn: Business Tax Division  
PO Box 2678  
Columbus, OH 43216-2678

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes &amp; Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$

\$

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )

- ☐ No  
☐ Yes



**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> 4MYBENEFITS, INC. 4600 McAuley Place Suite 250 Blue Ash, OH 45242  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>2,406.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Accurate Employment Screening 7515 Irvine Center Drive Irvine, CA 92618  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>10,620.75</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ADP 1 ADP Boulevard Roseland, NJ 07068  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>225.66</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> Auto Finance Company, LLC 378 Hunker Waltz Mill Rd New Stanton, PA 15672  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>5,493.27</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> Becker Law, LLC 354 Eisenhower Parkway SUite 1500 Livingston, NJ 07039  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>1,110.12</u>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> Beyondsite, LLC 1942 Broadway Ste 314C Boulder, CO 80302  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ <u>15,000.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address BIPA Settlement c/o Jackson Lewis PC 75 Park Plaza, 4th Floor Boston, MA 02116	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 334,845.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address Blank Rome LLP 2029 Century Park East 6th Floor Los Angeles, CA 90067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,593.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address Case Anywhere LLC 21860 Burbank Blvd. Suite 125 Woodland Hills, CA 91367	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 360.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address Charlotte Douglas International Airport 5501 Josh Birmingham Pkwy Charlotte, NC 28208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 35.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address Charter Communications 1813 Spring Garden St Greensboro, NC 27403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,199.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2:

Amount of claim

<div>3.<div><div></div><div></div><div></div></div></div> <div>Nonpriority creditor's name and mailing address</div> <div>City of Huntington 800 5th Ave Huntington, WV 25701</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 363.44</div>
<div>3.<div><div></div><div></div><div></div></div></div> <div>Nonpriority creditor's name and mailing address</div> <div>Cogency Global Inc. 122 E. 42nd St. Fl 18 New York, NY 10168</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 6,002.38</div>
<div>3.<div><div></div><div></div><div></div></div></div> <div>Nonpriority creditor's name and mailing address</div> <div>Consensus Cloud Solutions, LLC 700 S. Flower St. 15th Floor Los Angeles, CA 90017</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 157.93</div>
<div>3.<div><div></div><div></div><div></div></div></div> <div>Nonpriority creditor's name and mailing address</div> <div>Delaware Department of Labor 4425 North Market Street Wilmington, DE 19802</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 330.43</div>
<div>3.<div><div></div><div></div><div></div></div></div> <div>Nonpriority creditor's name and mailing address</div> <div>DP Smoketree, LLC 2900 Highwoods Blvd. Suite 200 Raleigh, NC 27604</div> <div>Date or dates debt was incurred</div> <div>Last 4 digits of account number</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input checked="" type="checkbox"/> Contingent</div> <div><input checked="" type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Basis for the claim:</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>\$ 33,500.17</div>

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<b>3. <sup>17</sup></b> Nonpriority creditor's name and mailing address Eskill Corporation 122 E Houston St Suite 105 San Antonio, TX 78205  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,000.00
<b>3. <sup>18</sup></b> Nonpriority creditor's name and mailing address Fadi Mawaghdeh - VTS 1095 Avenue of the Americas 14th Fl. New York, NY 10036  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,100.00
<b>3. <sup>19</sup></b> Nonpriority creditor's name and mailing address FEDEX 1000 Ridgeway Loop Road Suite 500 Memphis, TN 38120  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 356.34
<b>3. <sup>20</sup></b> Nonpriority creditor's name and mailing address HAB-PPT PO BOX 20087 Lehigh Valley, PA 18002  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4.65
<b>3. <sup>21</sup></b> Nonpriority creditor's name and mailing address Hickory Farms LLC 311 S Wacker Dr. Suite 2030 Chicago, IL 60606  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,819.77

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup>	Nonpriority creditor's name and mailing address HW Clearstar, Inc. 4800 East S. Main St. Suite 150 Salt Lake City, UT 84121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 38.55
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>23</sup>	Nonpriority creditor's name and mailing address Indeed Inc. Mail Code 5160 P.O. Box 660367 Dallas, TX 75266	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,141.37
	Date or dates debt was incurred _____ Last 4 digits of account number <u>8952</u>		
3. <sup>24</sup>	Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,559,622.25
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>25</sup>	Nonpriority creditor's name and mailing address Jackson Lewis, P.C. 3737 Glenwood Avenue Suite 450 Raleigh, NC 27612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 22,593.19
	Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>26</sup>	Nonpriority creditor's name and mailing address Jean Pierre Sakey Chapel Hill Partners, LP 2639 Marchmont Street Raleigh, NC 27608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____		

**Part 2:** Additional Page

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**

**Amount of claim**

3. <sup>27</sup>	<b>Nonpriority creditor's name and mailing address</b> Kamil Wantura - VTS 1095 Avenue of the Americas 14th Fl. New York, NY 10036	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$ 1,115.00</b>
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>28</sup>	<b>Nonpriority creditor's name and mailing address</b> Kilpatrick Townsend & Stockton LLP 1100 Peachtree Street NE Suite 2800 Atlanta, GA 30309-4528	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$ 14,551.62</b>
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>29</sup>	<b>Nonpriority creditor's name and mailing address</b> Lais Pedroso Order 66282 PO Box Los Angeles, CA 90066	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$ 8,500.00</b>
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>30</sup>	<b>Nonpriority creditor's name and mailing address</b> LMU Consulting Group 357 S McCaslin Blvd Suite 200 Louisville, CO 80027	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$ 10,000.00</b>
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>31</sup>	<b>Nonpriority creditor's name and mailing address</b> North Carolina Department of Revenue Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$ 893,037.76</b>
<b>Date or dates debt was incurred</b> _____		<b>Basis for the claim:</b>	
<b>Last 4 digits of account number</b> _____		<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	<b>Nonpriority creditor's name and mailing address</b> PRISMHR, INC. 35 Parkwood Dr. Hopkinton, MA 01748	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 50,965.07
	<b>Basis for the claim:</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date or dates debt was incurred</b> _____		
	<b>Last 4 digits of account number</b> _____		
3. <sup>33</sup>	<b>Nonpriority creditor's name and mailing address</b> Quadient Finance USA Inc 478 Wheelers Farms Rd Milford, CT 06461-9105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 642.01
	<b>Basis for the claim:</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date or dates debt was incurred</b> _____		
	<b>Last 4 digits of account number</b> _____		
3. <sup>34</sup>	<b>Nonpriority creditor's name and mailing address</b> Quadient Leasing USA INC 487 Wheelers Farms Rd Milford, CT 06461	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 773.62
	<b>Basis for the claim:</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date or dates debt was incurred</b> _____		
	<b>Last 4 digits of account number</b> <u>5882</u>		
3. <sup>35</sup>	<b>Nonpriority creditor's name and mailing address</b> RINGCENTRAL INC 20 Davis Drive Belmont, CA 94002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 5,555.95
	<b>Basis for the claim:</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date or dates debt was incurred</b> _____		
	<b>Last 4 digits of account number</b> <u>9020</u>		
3. <sup>36</sup>	<b>Nonpriority creditor's name and mailing address</b> Royal Cup, Inc. 4600 McAuley Place Suite 250 Cincinnati, OH 45242	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,310.21
	<b>Basis for the claim:</b>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date or dates debt was incurred</b> _____		
	<b>Last 4 digits of account number</b> _____		

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup>	<b>Nonpriority creditor's name and mailing address</b> SECUREDOS INC 1360 Post Oak Blvd. Suite 2200 Houston, TX 77056	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 4,634.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>38</sup>	<b>Nonpriority creditor's name and mailing address</b> Sheakley Uniservice, Inc 9987 Carver Rd Suite 300 Cincinnati, OH 45242	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 25.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>39</sup>	<b>Nonpriority creditor's name and mailing address</b> Smith & Meyers LLP 355 S Grand Ave Ste 2450 Los Angeles, CA 90071	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 3,407.50
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>40</sup>	<b>Nonpriority creditor's name and mailing address</b> Smith, Anderson, Blount, Dorsett, Mitchell & Jernigan, LLP PO Box 2611 Raleigh, NC 27602-2611	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 19,748.90
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>41</sup>	<b>Nonpriority creditor's name and mailing address</b> Spark Equation Inc 311 S Wacker Dr. Ste 5060 Chicago, IL 60606	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 60,981.13
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. <sup>42</sup> Nonpriority creditor's name and mailing address</p> <p>Staffing Connection Inc 920 Cassatt Rd. Building 200, Suite 315 Berwyn, PA 19312</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 11,884.26</p>
<p>3. <sup>43</sup> Nonpriority creditor's name and mailing address</p> <p>Stericycle, Inc. 2355 Waukegan Road Deerfield, IL 60015</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 757.31</p>
<p>3. <sup>44</sup> Nonpriority creditor's name and mailing address</p> <p>Sterling PO Box 35626 Newark, NJ 07193</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>3233</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 28,815.25</p>
<p>3. <sup>45</sup> Nonpriority creditor's name and mailing address</p> <p>Synel Americas, Inc. 8665 E Hartford Dr. Scottsdale, AZ 85255</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 57.35</p>
<p>3. <sup>46</sup> Nonpriority creditor's name and mailing address</p> <p>Synergi Partners, Inc. 151 W Evans St Florence, SC 29501</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 53,689.47</p>

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>47</sup>	<b>Nonpriority creditor's name and mailing address</b> Technosign 2781 Wrights Rd Suite 1261 Oviedo, FL 32765	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 8,250.00
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>48</sup>	<b>Nonpriority creditor's name and mailing address</b> Tierpoint Hosted 12444 Powerscourt Dr. Ste 450 Saint Louis, MO 63131	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 38,432.24
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> 001U	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>49</sup>	<b>Nonpriority creditor's name and mailing address</b> TIMESAIVED INC/ACTIVATESTAFF 202-19 Singer Ct Toronto ON, M2K 0B2	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 3,091.80
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>50</sup>	<b>Nonpriority creditor's name and mailing address</b> TPX Communications 3300 No. Cimarron Road Las Vegas, NV 89129	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 8,479.46
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>51</sup>	<b>Nonpriority creditor's name and mailing address</b> Tristar Risk Enterprise Management Inc. 100 Oceangate Suite 840 Long Beach, CA 90802	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 77,903.14
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> 5328	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2:** Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>52</sup>	<b>Nonpriority creditor's name and mailing address</b> Truist Bank PO Box 400 Wilson, NC 27893	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 112,649.84
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>0307</u>	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>53</sup>	<b>Nonpriority creditor's name and mailing address</b> VRC Companies, LLC 5384 Poplar Avenue Suite 500 Memphis, TN 38119	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 284.32
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>54</sup>	<b>Nonpriority creditor's name and mailing address</b> Wake County Tax Administration 301 South McDowell St #3800 Raleigh, NC 27601	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,964.01
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>55</sup>	<b>Nonpriority creditor's name and mailing address</b> Wells Fargo Financial Leasing 800 Walnut Des Moines, IA 50309	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 4,370.92
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>9000</u>	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>56</sup>	<b>Nonpriority creditor's name and mailing address</b> Windstream 4001 North Rodney Parham Rd. Little Rock, AR 72212	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 456.42
	<b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>57</sup> Nonpriority creditor's name and mailing address ZOOMINFO TECHNOLOGIES 805 Broadway Street Suite 900 Vancouver, WA 98660	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>6079</u></p>	\$ 3,050.00
3. Nonpriority creditor's name and mailing address	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____</p>	\$ _____
3. Nonpriority creditor's name and mailing address	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____</p>	\$ _____
3. Nonpriority creditor's name and mailing address	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____</p>	\$ _____
3. Nonpriority creditor's name and mailing address	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____</p>	\$ _____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 659,108.45
5b. Total claims from Part 2	5b. +	\$ 7,475,301.83
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 8,134,410.28

**Fill in this information to identify the case:**Debtor name Headway Workforce Solutions, Inc.United States Bankruptcy Court for the: Eastern District of North CarolinaCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	<p>Office lease Lessee</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Highwoods Realty Partnership 3100 Smoketree Court Suite A Raleigh, NC, 27604</p>
2.2	<p>Customer Contracts</p> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>See Attached Schedule G</p> <p>N/A</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

**Fill in this information to identify the case:**Debtor name Headway Workforce Solutions, Inc.United States Bankruptcy Court for the: Eastern District of North Carolina

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**Column 1: Codebtor****Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*2.1 Staffing 360  
Solutions, Inc.MidCap Financial  
Services, LLC☒ D  
☐ E/F  
☐ G

2.2

Monroe Staffing Serv

MidCap Financial Service:

☒ D  
☐ E/F  
☐ G

2.3

Key Resources, Inc.

MidCap Financial Service:

☒ D  
☐ E/F  
☐ G

2.4

Lighthouse Placemer

MidCap Financial Service:

☒ D  
☐ E/F  
☐ G

2.5

☐ D  
☐ E/F  
☐ G

2.6

☐ D  
☐ E/F  
☐ G

Fill in this information to identify the case:

Debtor name Headway Workforce Solutions, Inc.

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number (if known):

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1:

Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2025</u> MM / DD / YYYY	to <u>02/28/2025</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>9,345,000.00</u>
For prior year:	From <u>01/01/2024</u> MM / DD / YYYY	to <u>12/31/2024</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>88,265,000.00</u>
For the year before that:	From <u>01/01/2023</u> MM / DD / YYYY	to <u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ <u>84,312,000.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u></u> MM / DD / YYYY	to Filing date	<u></u>	\$ <u></u>
For prior year:	From <u></u> MM / DD / YYYY	to <u></u> MM / DD / YYYY	<u></u>	\$ <u></u>
For the year before that:	From <u></u> MM / DD / YYYY	to <u></u> MM / DD / YYYY	<u></u>	\$ <u></u>



Debtor Headway Workforce Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name	_____ _____ _____	\$ _____	
<b>Relationship to debtor</b> _____			
4.2. _____ Insider's name	_____ _____ _____	\$ _____	
<b>Relationship to debtor</b> _____			

Debtor Headway Workforce Solutions, Inc.  
Name

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	_____ Creditor's name		_____	\$ _____
5.2.	_____ Creditor's name		_____	\$ _____

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name		_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	McCray v. Hickory Farms & Headway Workforce Solutions, Inc.		Circuit Court 12th Judicial District of Illinois	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number		100 W. Jefferson St. Joliet, IL 60432	
	2021-L931			
7.2.	LaKisha Jones v. Headway et. al.		Superior Court New Jersey Essex County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number		212 Washington St Newark, NJ 07102	
	BER-L-2539-25			

Debtor Headway Workforce Solutions, Inc. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>	_____	\$ _____
_____	_____	_____	\$ _____

Debtor Headway Workforce Solutions, Inc. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Bernstein-Burkley, P.C.		See Attorney Disc. of Comp for Details	\$ 200,000.00
	Address			
	601 Grant St. 9th Floor Pittsburgh, PA 15219			

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address			

Email or website address

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
 Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor Headway Workforce Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Headway Workforce Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name \_\_\_\_\_

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

\_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- ☐ No
- ☐ Yes



Debtor Headway Workforce Solutions, Inc. Case number (if known) \_\_\_\_\_  
 Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**
**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____ Case number	_____ Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____



Debtor Headway Workforce Solutions, Inc.  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____ Name	_____ Name		_____

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____
25.2. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____
25.3. _____ Name		EIN: _____ <b>Dates business existed</b> From _____ To _____

Debtor Headway Workforce Solutions, Inc. Case number (if known) \_\_\_\_\_  
Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. RBSM Name 805 Third Avenue, Suite 1430, New York, NY	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor Headway Workforce Solutions, Inc. Case number (if known)

Name and address

If any books of account and records are unavailable, explain why

26c.2. Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1. Name

Name and address

26d.2. Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.1. Name

Debtor Headway Workforce Solutions, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

Date of  
inventoryThe dollar amount and basis (cost, market, or  
other basis) of each inventory

\_\_\_\_\_ \$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Staffing 360 Services Inc.	757 3rd Avenue, New York, NY 10017	Parent Company	100
Alicia Barker	,	COO	
Brendan Flood	,	CEO	

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Dimitri Villard			_____ To _____
Nicholas Florio			_____ To _____
Vincent Cebula			_____ To _____
			_____ To _____

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name _____	_____	_____	
		_____	
		_____	
Relationship to debtor _____		_____	

Debtor Headway Workforce Solutions, Inc. Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

**Name of the parent corporation**

Staffing 360 Inc.

**Employer Identification number of the parent corporation**

EIN: 68-06808559

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

EIN: \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/19/2025  
 MM / DD / YYYY

**X**

/s/ Brendan Flood

Printed name Brendan Flood

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

### **SCHEDULE G**

Debtor avers that all client contracts referred to herein were neither assumable nor assignable as of the May 5, 2025 filing date of this petition. Debtor's ability to service said contracts was effectively terminated on or about March 7, 2025. To the extent that any of the contracts referenced below were subject to the administrative service agreement between the Debtor and Noor Staffing, those contracts were either terminated by the client or replaced by direct contracts between Noor Staffing and the client and were not in operation at the time of filing.

**Headway Workforce Solutions**

<b>Name</b>	<b>Count</b>
ABT Associates, Inc.	1
Acelero, Inc	1
American Institutes for Research (AIR)	4
Arbor Research	1
Augment Professional Services	1
Beyond Meat, Inc.	2
BeyondSite, LLC	1
College Nannies and Tutors Development, Inc	1
Capitol Broadcasting Company	2
CIC Research	1
Columbia University	1
Compass Group	2
Cutlass Asset Management Services	4
Davis Research, LLC	1
Delta-T Group	1
Fountain	1
Gateway Lab School	1
Genworth	1
GFK US MRI, LLC	1
Henne	1
Hickory Farms	2
IMPAQ	3
Indiana University	1
Infinity Experiences, Inc.	1
Innovation Research Training (IRT), Inc.	1
Interactive Playground, Inc.	1
Jack Morton Worldwide	1
JBC	3
JBS International, Inc.	1
JCS Military Support Service, Inc	1
Kaleidoscope Family Solutions Inc	1
Macmillan	1
Majority Opinion Research	1
Market Decisions, LLC	1
NC State	1
Oregon Right to Life PAC	1
Patterson Pope	1
Pensa Systems, Inc.	1
PHI STUDIO	1
Piedmont Healthcare, Inc.	1
Precision HR Solutions Inc	5

RAND Corporation	13
RG Reseach Group (IRG), Inc.	1
Rockport Analytics, Inc.	1
School Readiness Consulting, LLC	1
Southfield Energy, LLC	2
Springer Nature America, Inc.	1
Staffing Connection	23
Susan B. Anthony (SBA)	1
Talent Connections	17
Temple University	1
Triangle Catering Hospitality Group	1
University of Missouri	1
University of Wisconsin	1
View the Space, Inc.	1
Vital Research Inc.	1
Wake County Board of Elections	2
Wake County Health & Human Services Dept.	1
Wayne County Board of Elections	3
ZJ Events LLC	1



**United States Bankruptcy Court**

**IN RE:**

Case No. \_\_\_\_\_

Headway Workforce Solutions, Inc.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Staffing 360 Services Inc. 757 3rd Avenue, New York, NY 10017	100	

# United States Bankruptcy Court

Eastern District of North Carolina

In re Headway Workforce Solutions, Inc.

Case No. \_\_\_\_\_

Debtor

Chapter <sup>11</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept ..... \$ \_\_\_\_\_

Prior to the filing of this statement I have received. .... \$ \_\_\_\_\_

Balance Due. .... \$ \_\_\_\_\_

☒ RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ <sup>FN1</sup> 103,171.00

The undersigned shall bill against the retainer at an hourly rate of ..... \$ <sup>0.00</sup>

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**FN1 Petition Date, BBPC received 4 retainer payments totaling approximately \$200,000.00 (the “Advance Payment Retainer”). BBPC issued invoices dated March 31, 2025 in the amount of \$38,389.50 and an invoice dated May 5, 2025 in the amount of \$58,439.50 for services rendered and an estimated amount through the Petition Date. BBPC also remitted a \$25,000 wire for the retainer payable to Hendren, Redwine and Malone, PLLC, related to its services in acting as local counsel to the Joint Debtors. BBPC utilized the Advance Payment Retainer in each case to pay these invoices. As of the Petition Date, BBPC has a remaining retainer balance in the approximate amount of \$78,000.00 for professional services to be performed and expenses to be incurred in connection with these Chapter 11 cases.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/19/2025

/s/ Kirk Burkley, 89511

*Date*

*Signature of Attorney*

Bernstein-Burkley, P.C.

*Name of law firm*

601 Grant Street  
9th Floor  
Pittsburgh, PA 15219